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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ATTORNEY DOCKET NO. 038602/1125

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Applicant: Bahija JALLAL et al.
Title: DIAGNOSIS AND TREATMENT OF PTP04 RELATED DISORDERS
Prior Appl. No.: 09/081,345
Prior Appl. 05/19/1998
Filing Date:
Examiner: Unassigned
Art Unit: Unassigned

CONTINUING PATENT APPLICATION
TRANSMITTAL LETTER

Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

Continuation Division Continuation-In-Part (CIP)

of the above-identified co-ending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

Specification, Claim(s), Abstract and Sequence Listing (122 pages).
 Informal drawings (1 sheet, Figure 1).
 Copy of Combined Declaration and Power of Attorney (3 pages).
 Revocation of Prior Powers of Attorney and Appointment of New Power of Attorney by Assignee and Change of Correspondence Address
 Preliminary Amendment (3 pages).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$710.00	\$710.00
Total Claims:	3	- 20	= 0	x \$18.00	= \$0.00
Independents:	1	- 3	= 0	x \$80.00	= \$0.00
If any Multiple Dependent Claim(s) present:				+ \$270.00	= \$0.00
				SUBTOTAL:	= \$710.00
[]	Small Entity Fees Apply (subtract ½ of above):				= \$0.00
	TOTAL FILING FEE:				= \$710.00

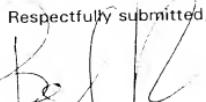
[X] A check in the amount of \$710.00 to cover the filing fee is enclosed.

[] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,



Beth A. Burrous
Attorney for Applicant
Registration No. 35,087

April 2, 2001
Date

FOLEY & LARDNER
Washington Harbour
3000 K Street, N.W., Suite 500
Washington, D.C. 20007-5109
Telephone: (202) 672-5475